

MISSING OR STOLEN PROPERTY REPORT

06 – AgriLife Research
Agency #556

07 – AgriLife Extension Service
Agency #555

20 – TVMDL
Agency #557

Department/Unit Name and Code: _____ Date: _____

Asset Number: _____ Serial Number: _____

Asset Description: _____

Acquisition Cost: \$ _____ Acquisition Date: _____

Date of Discovery: _____

Name(s) of last person(s) in custody of asset: _____

Choose Circumstances Regarding Property: **MISSING** **STOLEN**

Please Explain: _____

If STOLEN, the Original Police Incident Report must be Attached.

If MISSING, the following investigative steps must be completed:

Note Date Completed

- ❖ Physical search of last known location and surrounding area
- ❖ Question last person(s) in custody of asset
- ❖ Follow up on any leads. If informed that asset was transferred to another department, then contact department and attempt to confirm transfer
- ❖ Department Head/Unit Head/Program Leader contacts departmental employees to solicit aid in searching for asset and takes corrective actions to more fully secure assets (*Attach Documentation*).

SIGNATURE: To be Completed by the Department Head/Unit Head/Program Leader

Please check **One** box. If applicable, indicate "Unable to Determine" here: _____

Our investigation of the circumstances surrounding the disappearance of the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property **was** through the negligence of the person(s) charged with the care and custody of this property.

Our investigation of the circumstances surrounding the disappearance of the state property listed herein indicated reasonable cause to believe that the loss, destruction, or damage to this property **was not** through the negligence of the person(s) charged with the care and custody of this property.

Department Head/Unit Head/Program Leader Signature

Date

If RECOVERED: Complete this section and forward to the Texas A&M AgriLife Property Office, MS 2147

Location: Bldg. #: _____ Room: _____ Group: _____

Department Head/Unit Head/Program Leader Signature

Date